

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 593117

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2			1		
4	2			1		
5	1			1		
6	0			1		
7	0		1			
8	0		1			
9	1		1			
10	1		1			
11	2		1			
12	0		1			
13	0		1			
14	0		1			
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50						
TOTAL IND.	3	↓	3	↓		
TOTAL DEP.	14	←	11	←		
TOTAL CLAIMS	17		14			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			
TOTAL DEP.			←		↓	↓
TOTAL CLAIMS				←		←